

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.
Quality Assurance/Quality Improvement Committee Meeting Minutes
November 14, 2022, 12:00 PM

PRESENT: Jackie Oliva, Director of Community Engagement/Grants Manager; Emily Drick, CQO; Karla Sexton, Compliance Officer; Max Houseknecht, Jr., CFO; Matt McLaughlin, COO; Jim Yoxtheimer, President & CEO (ex-officio); Barb Parker, Director of Clinical Operations; Dr. Ralph Kaiser, Board Member; and Barb Vanaskie, Board Member

Excused: Dr. William Bartlow

I Policies for Review

Emily reported that the following policies were reviewed with no recommendation for changes other than a title change for the policy owner: 10.0.30, 10.0.31, 10.0.32, 10.0.33, 10.0.34, 10.0.36, 10.0.37, 10.0.38, 10.0.39, 10.0.40, and 10.0.41. Open policy numbers are 10.0.35, 10.0.42, 10.0.43, and 10.0.44.

Motion #1 Dr. Ralph Kaiser made the motion to recommend approval of changes to policies 10.0.30, 10.0.31, 10.0.32, 10.0.33, 10.0.34, 10.0.36, 10.0.37, 10.0.38, 10.0.39, 10.0.40 and 10.0.41. Max Houseknecht, Jr seconded the motion. The motion passed unanimously.

Barb reported on a new policy and procedure for the dental area. Dental Waterline. Information in the policy and procedure were previously being performed but was not in policy/procedure format.

Motion #2 Dr. Ralph Kaiser made the motion to approve new policy Dental Waterline Treatment. Barb Vanaskie seconded the motion. The motion passed unanimously.

Emily reported that there were two late policies added to the agenda this morning to aid in compliance with the OSV. The first policy with changes recommended was 15.0.10 Rapid Response to Medical Emergency.

Barb Wool indicated that information was changed for Rapid Response at Jersey Shore Dental. There is not a rapid response team there, the procedure is to call 911. Also added EFDA's as an employee who is required to have BLS certification. The committee recommended that O2 be specified as oxygen.

Motion #3 Max Houseknecht, Jr. made the motion to approve policy 15.0.10 with the addition of EFDA as a required employee to have BLS certification and specification spelling out Oxygen in replacement of O2. Jim Yoxtheimer seconded the motion. The motion passed unanimously.

Barb Wool indicated that the next policy which was brought for review today was also recommended by the OSV site reviewer. Policy 10.0.23 Nurse Triage Policy. Changes recommended include verbiage change to better explain the times the UPMC nurse triage covers our patient phone calls.

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Motion #4 Max Houseknecht, Jr. made the motion to approve recommended changes to policy 10.0.23. Matt McLaughlin seconded the motion. The motion passed unanimously.

II FTCA

Nothing to report.

III PCMH

Nothing to report.

IV Credentialing/Recredentialing

- a. Allyson Rothrock, PA-C**
- b. Brian Webster, CRNP**
- c. Timothy Bradley, PA-C**

Based upon the review of the applications for reappointment to River Valley Health and Dental Center staff by Allyson Rothrock and Brian Webster and the initial appointment by Timothy Bradley and the results of the credentialing verification process, Dr. Bartlow has recommended that they be granted reappointment/appointment to the staff. Their requests for practice privileges were also reviewed and found suitable for the granting of the privileges requested.

Motion #5 Barb Parker made the motion to recommend reappointment to the medical staff for Allyson Rothrock, PA-C and Brian Webster, CRNP and the initial appointment of Timothy Bradley, PA-C. Barb Vanaskie seconded the motion. The motion passed unanimously.

V Dental QA/QI Reports

- a. Peer Review:** Charts were assigned this month and will be reported to the committee next month.
- b. Patient Concerns:** There were no patient concerns to report.

VI Medical/Reproductive/Behavioral Health QA/QI Reports

- a. Peer Review:** Charts were assigned this month and will be reported to the committee next month.
- b. Patient Concerns:** There were no patient concerns to report.

VII Patient Satisfaction Survey

Emily reported that the workgroup discussed the annual action plan for the patient satisfaction surveys. She indicated that the QM Plan for 2023 will be presented to the committee next month including the action plan. To date there have been 117 surveys received. Areas of focus for the surveys for 2023 include improving wait time on the phone, improving access to dental visits, and increasing the number of surveys completed. Would send friends and family to us at 96% medical and 98% dental.

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VIII Performance Measures

Emily reviewed the Performance Measures for the month indicating many measures continue to improve. The measures at or above goal include no shows, breast cancer screening caries risk assessment, and medication reconciliation post discharge. Some measures are close to the goal and trending to meet goal by the end of the year. Workgroup has selected measures of focus for 2023 workplan which will be included in the QM policy review next month. Outreach has been completed for patients overdue for HPV vaccine and chlamydia screenings. The Wellness Coordinator is focusing on outreaching patients overdue for A1C or blood pressure check who do not have any appointments for the rest of the year.

Emily reported she placed a ticket with eCW for the statin use measure since there was a large swing in number. She did not feel comfortable with the number being accurate.

Emily reported that she has an upcoming meeting with eCW and UPMC to attempt to resolve the issue with the Center not receiving discharge notices from the ED.

IX Safety

Barb Parker reported that there was a recent Rapid Response call. Now that Express Care and Specialty Care has opened there was confusion on the room number. Since the rapid response call an email was sent to staff to include a new procedure for the rapid response to include identifying which location the rapid response team is needed (i.e. Express Care Room 3). The next drill will be scheduled in the Express Care or Specialty Care area.

X Risk Management

a. Legal: Nothing to report.

b. Incident Reports: Emily reported that there were four incident reports for the month. There were two incidences of incorrect COVID vaccines given to children. Their provider and parents were made aware, and the children were scheduled to come back for a repeat vaccine. The children were administered the monovalent booster appropriate for their age instead of the updated bivalent booster. No clinical concern as monovalent booster had been recommended until bivalent was made available. Staff was re-educated on boosters and vials were labeled more clearly and separated in the vaccine fridge.

There was one incident where a patient had an MRI which was reviewed by the provider but the patient was not made aware of the results. The patient called in for the results which were then sent to the covering provider for review and plan of care.

One incident where a patient checked in for a COVID vaccine incorrectly and waited in the waiting room for over 2 hours. All staff was re-educated on the check in process for COVID vaccines.

c. Q3 Risk Assessment: Barb Parker reviewed the highlights of the Q3 Risk Assessment. There were no incident reports for Q3. Bomb threat and infant abduction drills were both completed in July. The annual training for the Safety Committee was completed in September. A hazard vulnerability assessment was

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completed and identified high risk areas as bomb threat, mass casualty incident, and winter storm preparedness. Trainings and drills have been planned.

High Risk Area Projects:

- COVID-19 Exposure: There were 694 people tested in Q3 with 162 positive cases. There were 41 employees that required testing with 13 positive cases.
- Medication Reconciliation: Expanded rooming process continued in medical. Monitoring of completion rates essential for standards of care and QA/QI.

Barb asked the team for suggestions for high-risk area projects for the 2023 calendar year.

XI Care Management Team

Emily reviewed the Care Management dashboard indicating there were 155 patients enrolled for the month which produced 50 face to face visits. There were 218 care plans created/updated and 85 patient goals met.

Emily reported that the dental department has started to complete the SDOH screening. The barriers have not changed. Of note, the Center now has a part-time patient transportation driver. It is hoped that will help the transportation barrier.

XII EHR Update

Max reported that version 12 of eCW was set to release this week and the Center has not received any received any information on the implementation guide on what will be changing. He indicated that he would pass the information to managers as soon as it was available to him.

XIII Special Projects

- a. **Azara:** Emily reported that she has been having meetings with Azara and Lenny to validate data. She felt it has been going well. It appears that Azara has been able to pull from a lot of areas to be sure the data is more accurate. There was no go-live date yet, but was hopeful it will be by January 1, 2023.

XIV Open Discussion

Nothing further was brought for discussion.

Next Meeting Date: Wednesday, December 21, 2022 at Noon Community Room